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Philadelphia College of Osteopathic Medicine

Department of Psychology

EXPLORATION OF THE EFFECTS OF DIRECT AND INDIRECT EXPOSURE TO
WAR ON THE EDUCATIONAL PERFORMANCE OF REFUGEE CHILDREN

By Paulinus C. Nwoga

Submitted in Partial Fulfillment of the Requirements of the Degree of

Doctor of Psychology

February 2011

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PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
DEPARTMENT OF PSYCHOLOGY

Dissertation Approval

This is to certify that the thesis presented to us by Paulinus Nwoga
on the 12th day of August, 2010, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
acceptable in both scholarship and literary quality.

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Acknowledgements

It has been a ride getting to this point of my doctorate training. I must confess that the process would have been neither possible nor achievable without some key people, and in particular, Dr. George McCloskey who is my chairperson. Dr. McCloskey, you are an incredible human being first and the best professor ever. Your guidance and relentless effort to assist, coach, mentor and motivate others is invaluable. Your selfless attitude and humbleness are contagious and rare for persons with great intellectual capacity. You never shine away from helping students in a way that does not erode their self-esteem and desire to learn. I remembered the first class we had with you. I can speak for myself and perhaps the whole class the sense of anxiousness as new doctorate students when you introduced yourself and provided us with course expectations. But you taught that course and made it easy to understand and appreciate despite that the course was very involving and intimidating. For me that was the beginning of my appreciation and respect for you as a teacher and as a person. Indeed, I learned and acquired new set of skills that forever changed the way I approach and interpret test results in my practice. Dr. McCloskey, you never gave up on me even when it looked impossible but rather you invested more time on me. Should I mention countless unannounced visits to your office and you would stop whatever you were doing to attend to my concerns or needs. If it is possible, I would love to share this degree with you for the incredible role you played in making this dream a reality. I remain grateful.

To Dr. Mennuti, thank you for the support and being my advocate. You were an additional voice of reasoning when things were great and not great. I welcomed all your advices and good insights on what students and those like me are going through. Your

sense of reasoning and judgment speak highly of you and the entire PCOM faculty. Your dedication to PCOM School of Psychology and psychology in general is immeasurable.

To Dr. Stella Francis, thanks for your acceptance to be a replacement for my third committee member even with short notice. Since we started this program together, for some reasons we connected and remain connected. You encouraged and listened to my frustrations. You never failed to answer my odd hour phone calls when I am soliciting for your advice and help. You made me feel reassured when I was hopeless. I will continue to cherish our friendship.

With overwhelming emotion, this degree is dedicated to my late father who passed away in 2010. Dad, finally I completed what you started early in my life. You had been an incredible supporter and inspirer for my education. Early in our lives you made it a point to incubate necessitate for learning and achieving and it is with that vile that I achieved this milestone. I wish you are here today to witness this. May your loving soul rest in the Lord!

For my wife, you supported me in many different ways you can and by dealing with our children when I locked myself in the room and when I don't want to be bothered with due to stress from assignments and other projects. I must thank my children for understanding that dad was busy and kept away from me when I needed it. To my mother, without your additional help during these years I cannot see how it could have been possible to get this far and achieved this success. You abandoned your pride and cherished husband for these years in order to baby sit for us so that I could achieve this milestone. Thank you mom! To all my siblings, thanks for your support and words of encouragements. Surely, it really helps.

Abstract

In the past decade, African continent have experienced multiple armed conflicts which have sparked a rapid exodus of refugees seeking asylum (temporary protection) in the United State and other Western countries. In recent years, United State has become the preferred country for Africans who seek temporary protection due to wars and other conflicts in their homeland.

This study is an attempt to document degree of adjustment difficulties experienced by refugee children upon acceptance by host country and enrolled into the schools. To further understand the adjustment processes of the refugee children, an archival data from Community Outreach Agency that provides services for refugee population from West Africans were reviewed. The data contained information from a structured interview questionnaires filled out by refugee children during intake processes. Pearson Correlation was used to determine whether relationships exist between the variables. Frequency distribution percentages, and cross-tabulation tables were used to show what refugee children were reporting as their experiences in the community and school. The findings from this study showed that majority of the refugee children experienced great amount of academic and acculturative stressors; war-related trauma, mental health symptoms as a result of war-related trauma. Despite these experiences, majority of the refugee children have positive school experience mostly with the teachers but not so with peers. Most negative school experiences were as result of poor social adjustment and personal interactions with other children. The refugee children have ways to cope with stressors relying mainly on activities available to them. For examples, church, playing outside, music and visiting family members. Significant correlations

were found between war trauma and trauma symptoms. Low correlation was found between school stressors and previous war experiences.

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Chapter 1

Introduction

Statement of the Problem

Armed conflicts on the African continent have sparked a rapid exodus of refugees seeking temporary protection in refugee camps and/or permanent relocation to countries willing to accept them. Children appear to represent the greater proportion of the refugee population. In recent years, the United States has accepted many of the African refugees.

The acceptance of refugees by the United State Government is commendable, but an undesired side-effect of this policy has been the educational adjustment problems experienced by refugee children when they enter the U.S. school system. Research has documented the educational, social, economic, and health needs of the refugee population. These needs present additional problems for educators and school systems regarding how best to address the enormous challenges inherent in helping refugee children adjust to their new environment. Research has shown that most teachers lack awareness of the problems facing these children upon their entry into the classrooms. The refugees have to deal with issues of trust, stigma, and academic disadvantage. Unaware of the history and the circumstances of refugee children, most teachers struggle to make sense of the underlying needs of these children. Too often, teachers begin to appreciate these problems only after refugee students begin to exhibit externalizing behavior problems.

The importance of schooling to the successful assimilation of refugee children has been noted in many studies. It is widely viewed that the educational experience is the first test of a refugee's ability to embrace the mainstream culture. Conversely, the educational

experience is also a test of the cultural competency of the educators and administrators who have the responsibility to insure that all students feel welcome and receive an appropriate education. In many schools, it seems as though the refugee students bear the burden of assimilation alone as they attempt to navigate and integrate into the mainstream culture without significant help from school staff. Even those who view school as critical to assimilation into the culture, fail to recognize that the refugee students need help to accomplish this. To help refugee students integrate effectively, it is imperative that the transition process be culturally sensitive and incorporate feedback from refugee families. This will not only reduce the frustration prevalent among teachers who deal with refugee students but also change or slow the negative perceptions and attitudes toward the refugee students and vice versa.

From conducting a literature review, it is clear that the attitude and perception of the citizens of the host country where the refugees have taken up residence is very essential if not the most important indicator of how well refugees adjust and embrace the mainstream culture. School is no different as the success of the refugee students in the schools heavily depends on the acceptance of the teachers, students and administrators. In order for schools to become more responsive to the educational needs of refugee children, it will be necessary to document the difficulties that refugee children experience in their attempts to assimilate into the school setting and share this information with educators.

Literature Review

The United States, a country of immigrants, has established policies and standards guiding immigration provisions. For over 50 years changes have been made

and adopted by the immigration department. This department is entrusted with implementation and enforcement of these changes. Immigration policies and enforcement practices appear to be greatly influenced by current events and the prevailing political climate. A number of immigration policy changes occurred after the September 11, 2001 terrorist attacks, most notably the merging of the Department of Immigration and Naturalization Services with the Department of Homeland Security.

Today, more than 30 million people are living in the United States (U.S.) under the auspices of immigration and naturalization programs (Passel & Fix, 2001). These programs allow people from different countries to seek permanent residence in the U.S. The intended U.S immigration program allows opportunities for family members, skilled workers, and other people to immigrate to the United States successfully and legally. Despite having programs and policies in place to encourage legal immigration, the United States continues to be overwhelmed with illegal immigration. For clarification purposes, legal immigrants enjoy the benefit of permanent resident status (i.e., are granted a greencard). This status allows legal immigrants to live and work legally in the United States without fear of reprisals by potential employers, ordinary citizens or law enforcement personnel. Conversely, illegal immigrants are those who come either as visitors and overstay their visas or come across the borders unnoticed by authorities. Reportedly, more than 8.5 million illegal immigrants (undocumented) are living in the United States. (Passel & Fix, 2001).

Immigration to the United States occurs under many different circumstances. For example, some people come to the United States under a kinship program, which allows citizens to file and bring their relatives to the U.S. to become permanent residents. This

appears to be a major way of immigrating to the United States (U.S. Department of Justice 1993). There are those who immigrate to the U.S. through special provisions such as the H1 visa for skilled workers. For the purpose of this study, the focus will be on a particular subgroup of immigrants, that is, refugees. Although the terms immigrant and refugee often have been used interchangeably, some clarification between these terms is necessary. According to the United Nations definition, a refugee is defined as a person who:

“owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or owing to such fear is unwilling to return to it.” (Convention and Protocol, 1951/1996).

In contrast, voluntary legal immigrants are seen as those who are motivated by economic, social and personal reasons other than fearing for their lives. Refugees and legal voluntary immigrants tend to emigrate in very different ways. The immigrant group often applies for visas or petitions that are filed by their relative residing in the U.S (U.S. Justice Department, 1993). Refugees tend to live in camps under great duress for extended periods of time before a country is willing to accept any of them officially as immigrants.

Many countries in the world including those whose citizens are facing harm and persecution look to the United States as a source of hope for a better future. They come to America to embrace freedom and attain economic security. In the past half-century, the

pattern of emigration to the U.S. has changed dramatically. A large influx of immigrants was seen in the U.S. after World War II and most of these immigrants came from Eastern Europe (Kirk & Huyck, 1954). Citizens from these countries were fleeing from communist Governments put in place by the Soviet Union... Another exodus of immigrants, usually refugees, came from Southeast Asia under the protection of refugee status. These refugees were fleeing from the Communist regime of Khmer Rouge. Waters & Eschback (1995), in their review of ethnic inequality, highlight the trend in Southeast Asian's immigrants. It is their view that Southeast Asians who emigrated to the U.S were very highly skilled, compared with other immigrant groups. As a result they tended to adjust and integrate well. Conversely, this trend was not witnessed across other Asian population especially the Cambodians and the later arrival of immigrants from this region.

A new trend emerged in the nineties when the United States experienced an influx of immigrants and refugees from the African continent. It has been estimated that over 2.25 million African immigrants have immigrated to U.S. between the period from 1965 to 1992 (U.S. Department of Justice, 1993). This figure is not a surprise in view of the series of events taking place in that part of the world. It is estimated that Africans represent over 65% of the world refugees (Willis, 2003). This surge has been sparked due to series of internal conflicts, religious persecutions and political disagreements.

For this paper, the focus is on immigrants from countries that have experienced or are exposed to conflicts, wars and national disasters. These citizens meet protection criteria as defined under refugee protection status act under the United Nations Convention of 1951.

The word “refugee” was designated by the United Nations Commission through its convention in 1951 (UNHCR). It was the intention of this body to protect those who were from countries with wars and conflicts. Refugee status provides protection for those who ordinarily would not be able to escape from war, ethnic cleansing, political torture, regional or tribal conflicts, and so forth. Under the United Nations (U.N.) guidelines, all members of this body abide by refugee protection laws. Since the inception of refugee protection designation by the U.N., the United States has lived up to expectations by opening the door for those who seek refugee status. As a result more than 2.3 million refugees are estimated to live in the U.S (Passel, & Fix 2001).

Some argue that the U.S. is not doing enough given its enormous resources and status in the world community. Until recently, most of the refugees who live in the U.S have come from Southeast Asia, Central America and Eastern Europe. This was viewed as a bias in policy, reflecting discriminatory practices in selection of those to whom to grant refugee status. Research has shown that being accepted and recognized as a refugee group by host countries is critical to mental and social adjustment (Davis, & Davis, 2006). Presently, there appears to be a shift in trend in the U.S. policy on granting refugee status. This new trend has allowed African immigrants the same refugee status extended to Southeast Asians and to others in the past. The shift in trend was spearheaded by the United States Congressional Black Caucus members who advocated for inclusive refugee policy. The support for African immigrants as part of inclusive refugee policy was not surprising, given the number of conflicts and wars in that part of the world.

One can argue that the U.N. did not envision the extent of future conflicts or wars when it put forth refugee protection, nor did it anticipate the number of children who

would become the recipients of this protection status. As a result of numerous conflicts and wars in the world, the United States and several other Western countries have been bombarded with an influx of refugees. It is estimated that there are more than 30 million refugees across the world (UNHCR, 2000). More than half of them are children and women. African nations represent the majority refugee population; others are from South America, Southeast Asian and Eastern Europe. Despite their geographical differences, refugees tend to share basic similarities in their survival needs, which include security, shelter, and food. This shared similarity of need among the people of various countries is what spearheaded the establishment of humanitarian agencies including the United Nation (U.N.)

Countries of the world including the United States struggle in their efforts to come to terms with the exodus of people seeking refugee status as conflicts and wars remain prevalent in the world. By all accounts, the United States has a melting pot image abroad, which makes it a country of preference for those who want refugee protection and economic security. Events in the world such as the end of World War II, the collapse of the Soviet Union, and multiple conflicts in African countries contribute to the preference for the United States as a choice of adopted country for potential immigrants or refugees. This has presented problems for the United States in meeting the needs of this diverse population, because the refugee population comes with extraordinary needs that are often complicated to manage, given the differences in education, social, economics and culture, of those seeking refugee.

General Views of the U.N. / International Bodies

One thing that is well articulated in the U.N. declarations is the humanitarian need of the refugees (UNHCR). Using a medical philosophy, emphasis is placed on the immediate physical well being of the refugee, typically encompassing shelter, food and health needs. Following this model, educating children from countries in wars and conflicts receives low priority or often is totally ignored. A study conducted by the Women's Commission for Refugee Women and Children (2002) acknowledges the long held perception of holding education as being less important and lower on the hierarchy of needs by international bodies and by those entrusted with aiding countries in conflicts. With this as a premise, and in combination with deteriorated statehood for most of the countries in conflicts, education is in jeopardy. Children are out of school due to conflicts and wars and at very best their physical well being takes utmost importance; this is reasonable but it causes massive uneducated populations, with no skills.

Most studies agreed that education is one of the critical components for bringing normalcy to children in conflicts and to those who have fled home due to conflicts in their countries (Kia-Keating, 2007; Alzaroo and Hunt 2003). Recently, the UNHCR has recognized the contribution of education and shifted from the physiological model adopted previously. Now, educating children, especially those from war torn countries where conflict exist, is perceived as a right and not a privilege. Despite supported research on the importance of educating children, it is not an easy task, considering the fact that most of these children come from countries with limited resources where the importance of education is ignored by the local Government.

Despite the U.N perspective, the reality of educational opportunities for children in war-torn countries is very different. It is estimated that there are more than 27 million children and youths from countries involved in wars and conflicts that do not have access to formal education (Women's Commission for refugee women and children, 2000). Even when education is available, it is merely a primary level education with no hope of furthering to secondary education. Among other things, countries in conflict have experienced devastating destruction and total collapse in their public works, which has contributed to the decay of existing educational structures. The decay found in the education of children from countries torn by war and other conflicts has resulted in many conventions and agreements by the international body, on the fundamental right of children's education (Women's Commission for Refugee Women and Children 2002); however, it is left to individual countries to decide how and what kind of education to provide. Because the sole responsibility of educating citizens lies with the Government, it is no surprise that education continues to be buried in political matters, and civil conflicts (Waters and LeBlanc 2005; Women's Commission for Refugee Women and Children 2002). Waters and LeBlanc (2005) examined the challenge of providing mass education for refugee populations without a nation state. It is their view that public education is an avenue in which Governments instill political and cultural values and a sense of patriotism to their citizens. These values are inherent in the types of curriculum and language adopted in educating its citizens. Waters and LeBlanc assert that educating refugees who flee their countries in fear of persecution or violence, who have lost their sense of nationalism, and who have become stateless, creates challenges about what education platform to adopt. This finding has been echoed by other studies such as

Global Survey of Education in Emergency by Women's Commission for Refugee Women and Children (2002), which described the ongoing battle in reaching consensus on curriculum development for this population.

Although a majority of studies agree on the social and psychological gains of education in times of conflict, the United Nations and other humanitarian agencies were slow to recognize the negative effect of not educating children in times of conflict and displacement from their home countries. The slow response is attributed to the medical hierarchical model which has been the hallmark in service provision for this body. Presently, the U.N. has modified its medical model, incorporating education into the same hierarchy as food, health and shelter (UNHCR 2002). In view of policy reversal, schools are now established in refugee camps. Although opening schools in the refugee camps is a step in the right direction, the enormous challenge is far from being over. The battles for resource control, curriculum development, safety and funding from donor countries continue to be contentious among host countries, home countries, and other stakeholders.

Moreover, the quality of education during conflicts, through the use of camps is questionable for most refugee parents. Primary level education seems to be the only level that is available for many camps and war torn countries. The prospect of attending secondary and higher institutions is very slim. For some parents there is a mix of emotions about whether or not to send their children to school. A study of Burundian Hutu refugees' experiences shows two opposing views about educating children during conflicts (Skonhft, 2000). There were some parents who believed that education is pointless even in camps outside the home country for fear of retribution. For these

parents, education exposes children and can cause them to be targeted by oppositions. Conversely, some parents are highly motivated and believe that access to education is the key for a brighter future. What can be learned from these findings is that the historical perspective of a country plays an integral and tremendous influence on the decision making process of individual's education.

Waters and Leblanc (2005) look at mass public schooling in nations without a state. Their investigation reveals the underlying difficulties of educating children whose countries are in wars and conflicts. Some of the inherent difficulties entailed loss of national identity and confusion on which curricula to adopt. Education is a matter of national pride for most, if not all Governments, and through education Governments can foster a sense of patriotism, identity and economic empowerment in its citizens (Waters, & Leblanc, 2005). The decay in the educational system creates a sense of loss for those Governments and citizens in war-torn countries, and at the same time poses additional dilemmas for what is already a failed Nation State.

The state of education in countries in war is debilitated. The developing countries of Africa share great devastation in their efforts at educating their citizens. Frequent wars and conflicts exacerbate the existing poor educational provision, and many countries in Africa face the similar fate of not adequately preparing their citizens for the future. War-torn countries such as Angola and Somalia have generations of children and young adults who have never set foot in any formal or informal place of learning (Brown, Miller, & Mitchell, 2006; Zehr, 2001). In some instances, children and young adults become active participants in war and conflict through recruitment as child soldiers or become active caretakers for the family instead of being in school. Unfortunately, for some

children it is not a matter of choice but is a survival strategy. This trend has serious consequences for education, adjustment and full integration into the host country, as suggested by research (Zehr, 2001)

Either inside or outside the borders of their countries in conflict, refugee camps are faced with inherent problems in their efforts to fill the gaps in education that are left due to a collapsed Government. Refugee camps left with the responsibility to provide education face additional challenges and difficulties reaching consensus regarding what curriculum, and educational standards to adopt (Waters, & Leblanc, 2005). The disagreements on the language of instruction and on what textbooks are to be used continue to be issues of contention among stakeholders. In addition, cultural challenges from the host countries where camps are established tend to get in the way of educating refugee children. Investigations from the Global Survey on Education in Emergency and Mass Public Schooling without a Nation-State highlighted the tensions which exist within the educational structure between the humanitarian body, the host country, the donor countries and the parents of the refugee children (Waters & LeBlanc, 2005; *Women's Commission for Refugee Women and Children*, 2002). Each of these organizations wants to assert control on the type of learning that should take place in refugee camps, thereby adding to the confusion and problems of refugee populations.

The contentions about the nature of education in most of the countries in conflict have been highlighted previously. However, there is limited literature about the condition of the educational systems in countries of war or conflict before the wars or conflicts started. The importance of this specific study is two-fold. Research often focuses on the educational needs of the refugees after they have left war zone areas and are in the camps

or have immigrated to host countries. The implication is that substandard education existed before the conflicts began and becomes worse during conflicts. Recognizing this concept will go a long way to prepare future host countries, both the United States and other countries in their collective assessments of immigrants' educational needs beyond the camp and refugee experiences.

Pre and Post Immigration Effects

Studies tend to ignore the immigration processes of refugees from countries of war and conflict. The immigration processes of refugees are central to the overall adjustment once they are in the host countries (Bates, et.al 2005). The literature has implied that the attitude of host countries toward immigrants (acceptance or rejection) is pertinent to economic, social and cultural integration (Perez, 2001). For instance, the Cuban refugees who emigrated into the U.S in the sixties during upheavals in the Communist State received sympathy from the American citizens and from the Government, easing their adjustment difficulties; however, the Haitians who came here as refugees had little support from the citizens and from the Government, contributing to their adjustment difficulties and marginalization (Perez, 2001). Davis & Davis (2006) studied 19 refugee claimants whose petitions are pending with the Immigration and Refugee Board in Canada in an effort to examine whether or not there are differences in their PTSD symptom count upon receiving the denial or acceptance decisions to their application for refugee protection status. Results from this investigation showed that the petitioners who received favorable decision on granting of refugee status had a decrease

in their PTSD symptom count as measured by DSM-IV, whereas those petitioners whose applications were denied had increased PTSD symptom counts.

The idea of America being the melting pot that embraces others with diversities can be attainable only if the immigrant or refugee can quickly embrace the culture, and be accepted by the citizens. For refugees and immigrants this can be a daunting task to accomplish. Refugees and immigrants must overcome the struggle of deciding whether or not to abandon strongly held cultural values in pursuit of the American dream or to maintain their values and cultures while pursuing the American dream.

African immigrants and refugees, like other refugees who immigrated into U.S. will face clear challenges upon their arriving in the U.S. The extent of the challenges and obstacles appear to be greater in African populations because of limited educational standards, discriminatory practices, negative perceptions of Africans by Americans, strongly held cultural beliefs, limited social network , and economic deprivation in this part of the world, as reported in many studies(Kamya, 2001; Waters & Leblanc, 2005; Zehr, 2001; Andemariam, 2007). Poverty, corrupt governments and involvement in conflicts add unbearable burdens to development of social and educational systems on the African continent (Lai, 2007). In contrast, unlike African immigrants/refugees, the Southeast Asian, Eastern European, and Cuban immigrants and refugees tend to become integrated into the American system more quickly. The reasons cited as contributing to positive adjustment processes of immigrants and their integration into an American society included a high degree of orientation to professional development and high levels of skill specialization. These qualities are lacking in African refugees.

Although education is viewed in many studies as pertinent to the social and psychological adjustments of children who have experienced traumas through wars and conflicts, few studies have looked at the state of education in places of conflicts, especially the Africa continent. In their study of Palestinian children living in the West Bank, Alzaroo and Hunt (2003) examined the perceptions of and the significance attached to education; they found that education is attributed to an inherent sense of purpose for refugees, and provides coping strategies for resolving issues of forced migration. Following the premise as described in the previously cited study, and the continued state of war and conflict in the African continent, what sense of purpose would their citizens possess? Clearly, education on this continent tends to be ignored despite research pointing to the benefits of education not only in promoting child cognitive and prosocial development, but also the resiliency of children traumatized or exposed to conflicts.

Perceptions of American Educational Process

Immigrants and refugees who emigrate into the U.S will face not only the challenges of language barrier but also must attempt to adjust socially, economically and, not least, psychologically. Navigating through the educational system is an additional hurdle that must be tackled and conquered in pursuit of their adjustment. In addition to the difficulty with acculturation processes of the refugee children, the parents of refugees also may have similar, although more complex problems because of the inherent responsibilities of the role of being a parent (Jacobs & Harvey, 2005) and of strongly held

culture and beliefs of the parents, making adjustment into the new setting a daunting task (Kamya, 2001).

In U.S., education is mandatory for school-aged children, a contrast to most of the countries from which the immigrants came (Al-Hassan & Gardner III, 2002). Another major contrast is also the role of parent in the schools. The U.S. and some western world countries attribute parental involvement in schools as a strong indicator of the parent's level of commitment for their child's education (Jacobs & Harvey, 2005). In contrast, results from Wilkinson's (2002) investigation showed that parental involvement is a factor to academic success; however, it does not apply to the refugee youth who were studied in her investigation. Moreover, perceived lack of involvement of refugee parents in their children's education does not in any way depict less desire for education, nor can it be misconstrued as a lack of importance and understanding on the part of the immigrants' and refugees' parents about the relevance of education in shaping one's future.

A two-year study of refugee pupils in Scottish schools, using structured interviews, showed that refugees' parents have equal desires to have their children become educated (Stead, Closs, & Arshad 1999). Contrary to the views of some educators and social agencies, refugees' parents want their children to obtain an education even when they themselves are not educated (Stead, Cross, & Arshad 1999). The pitfall of using parent-school involvement as a yardstick for measuring commitment to children's education is that it excludes diverse parents who may not only be suffering from a limited use of the English language, but may also be enduring culture shock due to pre-settlement issues (Kuo, 1976; Dyal & Dyal, 1981). Language has been found to be a

moderating factor for adjustment of refugees and parents. Using this premise, one can infer that parents will shy away from school environments where monolingual language is the norm.

Wilkinson (2002) depicts a different picture of what is known to be the hallmark of most studies; i.e., the influence of parental educational attainment and socioeconomic status as determinant factors to their child educational success in schools. Although this has a high probability for many youths, it does not predict the academic success of refugee students (Wilkinson 2002). This finding is in line with what is known about the immigrants/refugees who emigrate to U.S and other Western countries. Although there appears to be a distinction, a typical example can be drawn from the story of the “Lost Boys” who emigrated from war torn Sudan unaccompanied by their parents, but who made significant educational gains as foster children (Bate Et.al 2005).

Nonetheless, immigrants and refugees must face the reality of dealing with complex educational systems that vary state by state and district by district according to local cultural norms. For the refugee population this may be disheartening because they have fewer options about where they will claim residence upon arriving because the decision is made for them before their arrival. Upon settlement in the U.S., it is not long before refugees’ parents begin to sense the differences from their previous experiences in the camps or countries of origin with regard to mandatory schooling for minor children. Despite their desire to have their children educated, as supported by Hek (2005), this can pose a serious threat to what they are used to. Ordinarily, most refugees’ parents make the determination regarding which of their children will go to school, and when they will go. This determination is based on their cultural backgrounds, socioeconomic status,

religion and resources. For example boys tend to enroll in schools in greater numbers than girls in most of the developing countries (Branyon, 2005). Until recently, Afghan girls were banned from attending schools by their government (Waters & Leblanc, 2005).

Wilkinson (2002) showed the negative impact of inappropriate school placement on refugee children. Many refugee children placed in classes based on their chronological age became school dropouts. The U.S. educational system's policy of grade placement based on chronological age poses serious challenges for refugee parents and children who have experienced prolonged interruptions of schooling and/or, at very best, received substandard academic instruction before their emigration. Studies have showed the relationship between dropouts and retentions among nonimmigrant students (Roderick, 1995). The relevancy of that finding to this study may be to advocate for future research on school dropouts in immigrant and nonimmigrant population. It may also show the potential negative effect if age placement is solely relied upon in placing students in general and specifically with immigrant and refugee students from such countries as Angola, Sudan and others who have been consistently at war during the past 18 years. In this case, how would one place children from these countries who might not have any form of schooling since birth? Based on Roderick's findings, school dropouts will be extraordinary (Roderick, 1995).

In the body of literature, various studies have highlighted in particular the extraordinary problems faced by African refugees in acculturating to the new schools. These problems stem from strongly held cultural beliefs, limited access to schooling in the home countries and persistent conflicts in this region of Africa. In line with the body of literature, the Tamaa Program attempts to mitigate some of the acculturation

challenges which hamper the educational and social attainments of refugee students, in particular those from West Africa countries.

The Tamaa Program, which was founded by one of the community mental health agencies in Philadelphia, serves as a bridge between schools and the West African refugee community in an effort to break down the barriers that produce mistrust among the refugee community and the schools. Emphases are placed on training school personnel about the cultures, experiences, languages, and social and economic constraints that prevent refugee children and their parents from embracing the new culture that extends into the schools. The array of services provided through this program includes in-school mental health services, case management, parent and caregiver support groups, multi-cultural community events and school in-service trainings.

Criteria to participate in the Tamaa Program are based on whether or not a refugee has had a direct or indirect exposure to war related traumas, and on whether or not he or she is experiencing acculturation difficulties. The process starts with self-referral or school personnel referral followed by an extensive, structured interview by a Master's level Clinician. A provisional diagnosis is given at the end of the intake interview. After problems are substantiated through assessments, clinicians and the case management team recommend appropriate interventions.

Based on the general literature on the impact of war trauma exposure in the immigrant and refugee populations, it is likely that the need for special education services will be present. Refugee immigrants, however, are unlikely to seek special education services for various reasons. Refugees from developing countries with rigid cultures will view disability as shameful. Rodriguez (1995) examined the attitudes and feelings of

Southeast Asian parents about children's disabilities and special education intervention. The results showed that 50% percent of parents felt that school attendance of disabled children is unwarranted, and some parent questioned if learning should take place at all. However, the parents' educational levels were the moderating factors. Thus, parents with higher education tend to understand that the educational needs of the disabled are not different from the educational needs of nondisabled children.

School Adjustment in the United States

Research continues to show the importance of school in the adjustment process of the immigrant and refugee population. School is the most highly influential place because it is the children's first contact with the new culture, and it is the place where most of the interactions take place (Kia-Keating & Ellis, 2007). This trend which highlights the importance of school for this population was also observed in refugee camps and countries in conflict (Women's Commission for Women and Children 2002), as reported previously.

Along with school, many factors contribute to the adjustment of immigrants and refugees in U.S. schools. These factors include the acculturation trajectory, exposure to trauma/mental health well being, acceptance by the host schools, level of education, family background, among many others. Several studies have investigated the adjustment processes of immigrant and refugee students in our schools. Within these studies, different findings have emerged. One thing that is clear from the body of research literature is the variation in opinions and positions about the traits that contribute to positive or negative school adjustment in this population (Berry, 1974; Trickett, &

Birman, 2005 Bates, et al. 2005;). Among many others, acculturation and trauma exposure have been extensively researched, and were found to be crucial to the adjustment process of children of immigrants and refugees. Acculturation theories will be discussed first, followed by the impact of trauma.

Many theories have also emerged within acculturation model, making explanations and interpretations very fluid. For example, Berry (1974) developed an acculturation model that included assimilation, separation, marginalization and integration. In this model he described assimilation as a process whereby immigrants and refugees accept the major culture of the host countries and reject the minority culture. As to separation, immigrants reject the majority culture and accept the minority cultures. He offered explanation for marginalization as noncommitment to either culture, and integration as acceptance of both cultures. Portes and Zhou (1993) came up with an additional term to describe the acculturation process. It is their view that acculturation occurs in three dimensional steps, the “straight line”, an upward movement in which one assimilates to middle class majority. This is similar to Berry’s assimilation term which depicts movement to the majority culture. Portes and Zhou called the second model, “upward mobility”. This model depicts how community bonding of those of the same ethnic background, combined with governmental policies contributes to successful formation of an enclave community. And finally, “downward spiral” is described as the negative and the worst of the three models. This model follows with negative assimilation into the underclass, leading to shared poverty.

What is the relevance of these models and theories that have been mentioned? One thing that is clear from the literature is that even immigrants and refugees from

similar backgrounds acculturate differently (Berry, 1974; Portes & Zhou 1993; Trickett & Birman 2005). This fact further illustrates the difficulty of adopting one particular model, and also highlights the need to incorporate multiple-model approaches in order to study the acculturation processes for immigrants and refugees. Likewise, the variables selected for inclusion in theories and models determine what it is that constitutes positive or negative acculturation of immigrants and refugees after they have arrived in the host countries. In hindsight, the perceived variables can be viewed as critical elements to successful integration, but they can also be obstacles to attainment of stability in the host countries by immigrants and refugees.

Regardless of the acculturation theories and models adopted, language is considered an important component in the adjustment of immigrant and refugee parents and children. Language tends to be embedded in acculturation and obviously it would be difficult to separate language from acculturation. To become adjusted and integrated, immigrants and refugees face the challenge of acquiring not only the language of social interactions but also the language of academic instruction and learning. The language barrier creates immediate problems in the classroom for newly arrived refugees. Because school is viewed not only as educationally important but also as one of the places where the first cultural contacts are made by the immigrants, it is incumbent on the schools to address the problems associated with language barriers.

Schools have responded to language problem by establishing English as Second Language program (ESL). Ample research supports the use of ESL as a first step to ease the difficulties associated with the adjustment process of immigrant and refugee children (Hek, 2005). Hek conducted a qualitative study examining the perspectives of secondary

school refugee children concerning their school experiences. Among others, learning English language was viewed as being of utmost importance for full integration into the school culture.

On the other hand, some studies attempts to minimize the importance attached to ESL in school adjustment of immigrants, and rather, advocate for schools with cultural sensitivity and acceptance of immigrants backgrounds (Pryor, 1992). In her article, (1992), Pryor discusses about widely held assimilation taxonomies “the melting point, salad bowl” how these models have failed to capture the trend in our culture and society in general. She offered the “flower pot” model as the model that reflects and captures the current dynamism in American schools and society. The “Flower pot” model emphasizes multiculturalism, wherein immigrant cultures are accommodated by mainstream culture rather than being forced to assimilate.

The idea of multiculturalism in schools is welcomed. However, literature shows there is a devastating effect related to the lack of English language mastery. Watt & Roessing (1994) demonstrated in their study that there is a disproportionate amount of high school incompleteness among ESL students who came from schools in Canadian provinces. What is not clear from this study is whether or not high school incompleteness is a direct result of poor ESL programs or lack of English acquisition.

Mental health of Refugee

Trauma exposure has been found to impact the adjustment of refugees both in schools and in other environments. Studies such as those by Papageorigio, et al. (2000), Sundelin, et al. (2001), & Macksoud & Aber, (1997) have examined the increase of exposure to trauma and the impact of this exposure on the children. According to United Nation's report, more than 40 countries have experienced war and armed conflicts in the past, as cited in Macksoud & Aber, 1996. Macksoud & Aber (1996) report the tremendous impact of war trauma on children's psychological development, social relationship and negative perceptions of the world. It is their view that war exposures increase predisposition for mental health disorders in children and adults (Macksoud & Aber 1996). Adding to the literature, Fox & Tang (2000) examined the prevalence of PTSD and depression among West African refugees, using Sierra Leonean refugees as the subjects. The results showed high rates of traumatic exposure in this population. This finding is consistent with results from other refugee studies (Mollica et al. 1993) that examined PTSD on the Vietnamese refugees in the Boston area; the findings indicated a correlation between level of traumatic exposures and presence of PTSD. This view was shared by Roy (2004) who postulates that "childhood trauma is a developmental factor that may predispose an individual to later suicidal behavior" (p, 121). To further highlight the impact of trauma, Copping et al. (2001) cited a definition of trauma as "as event defined by its intensity, by the subject's incapability to respond adequately to it, and by the upheaval and long-lasting effects brought about in the psychic organization". Herman (1992) followed a similar suit and defined trauma as "traumatic events

overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (p.33).

Regardless of the definition one chooses, the underlying problem of trauma is long felt on the immigrant population. Most immigrants from conflict zones who have relocated since their initial exposure to trauma continue to rank high in the areas of Posttraumatic Stress Disorder (PTSD), depression and anxiety disorder than the citizens of the host country, for example the U.S (Davis & Davis 2006). The study of war trauma on Bosnian children concurred with the findings that trauma exposure is linked to psychopathologies, which include PTSD, and depression (Papageorgion et al. 2000). These findings are expected, given the nature of traumatic exposure and the DSM-IV criteria for meeting clinical levels for the PTSD and depression. Although literature is limited on the impact of trauma on acculturation of refugee children, it is likely to affect learning and school related functioning. The study of Bosnian couples who had PTSD from exposure to war traumas and now live in the U.S under refugee status showed significant marital problems resulting from the communication index composed of problem solving communication and affective communication (Spasojevic, Heffer & Snyder 2000). This study also suggests that PTSD has predictive power in determining marital discord. The higher the PTSD symptomology, the more frequently are marital problems found. With regard to PTSD and acculturation, no correlation is found. Although these findings are unrelated to the present investigation, it highlights the complexity of PTSD on one hand, and gives reason for further studies as related to acculturation. Based on communication difficulty reported in the study of Bosnian's couple with PTSD and the implication of positive communication in interrelationship

(Spasojevic et. al 2000; Brown, Miller, & Mitchell 2006), immigrants with limited communication may encounter problems in social relationships, vital to successful adjustment.

Driver and Ruth (1998) investigated the impact of trauma on refugee children who migrated to Australia. This study used semi-structured interviews of parents, teachers, and children to evaluate the potential impact of trauma exposure. The results from their investigation showed poor social interaction and academic performance. According to Driver and Ruth (1998), these children of refugees have experienced various traumatic events ranging from exposure to torture, witnessing of killings, and mutilation of family members. Emdad, Sondergaard & Thorell (2005) investigated the relationship between PTSD, short term memory and general intelligence. It is their finding that the duration of traumatic experience correlates with level of learning difficulties, general intelligence capability and impairment of short term memory (Emdad, Sondergaard & Thorell, 2005). McDonald (2000) added to the literature by reviewing the impact of trauma toward successful learning. She reported in her findings information concerning the alteration of self-confidence resulting from trauma exposure, which manifested in poor concentration, listening ability and distractibility. Similar findings were reported in an adult study conducted by Kerka (2002), in which traumatized adults displayed learning difficulties mediated by poor concentration and initiative. In contrast, the “Lost Boys” from Sudan did have high exposure to trauma while in the home country/camp, having high scores on the PTSD inventory, indicative of PTSD; yet they were successful in the schools despite the presence of PTSD (Bates et al., 2005).

In light of the prevalence of PTSD and the documented impact of trauma on the immigrant and refugee population exemplified by the Sierra Leone situation specifically, and by the surge in conflicts around the world particularly in the African continent, more studies are needed.

Summary

Most refugee children come to the United States with virtually no formal educational experience. Once here in the U.S., they are expected to adapt immediately to an educational situation with which they have no familiarity. Many think of the educational process as the principal solution to the problems of assimilation experienced by refugee children, but such thinking fails to acknowledge and appreciate refugee children's exposure to trauma, to lack of exposure to formal education, and to lack of parent assimilation into the mainstream culture. These factors greatly influence the progress, or lack of progress experienced by these children in school.

The attitude toward refugees embodied in the policies of the host country can have a tremendous effect on how well refugee children assimilate into the educational system and the main culture. Additionally, refugee children are unprepared to handle the complex social exchanges central to successful school integration.

The more effective the families of refugees are assimilated into the culture, the greater the likelihood of successful educational attainment for refugee children. More research is needed in order to obtain a greater understanding of the assimilation process that refugee children undergo and the kinds of difficulties they experience in their attempts to adapt to the educational process of their newly adopted homeland.

Purpose of the Study

This study will explore the effects of indirect and direct exposure to war on refugee children and the impact of such exposure on their educational experiences. The study will examine archived data that have recorded problems, symptoms, stressors, and satisfaction and lack of satisfaction reported by subjects during their initial interviews.

Research Questions

1. What do refugee children, referred for counseling due to school problems, report about academic/acculturative stressors during initial clinical interviews?
2. What do refugee children, referred for counseling due to school problems, report about exposure to war-related trauma conditions?
3. What do refugee children, referred for counseling due to school problems, report about the experiencing of mental and physical symptoms likely to be associated with their exposure to war and their refugee status?
4. What do refugee children, referred for counseling due to school problems, say that they miss about their homes in Africa?
5. What do refugee children, referred for counseling due to school problems, say about adjustment to school in the United States?
6. What do refugee children, referred for counseling due to school problems, say about their ability to cope with their problems?
7. Does the self-reporting of problems with school and with personal adjustment provided by refugee children referred for counseling due to school problems vary, depending on the reported level of exposure to war-related trauma conditions?

Chapter 2

Method

Participants

The sample for this study was 67 elementary students who immigrated into southwest Philadelphia from West African countries and who experienced direct or indirect exposure to trauma due to wars. These refugee children were either directly exposed to war before departure from their respective countries, or indirectly exposed to war while living in a refugee camp prior to their immigration into the United States.

All of the children are enrolled in three elementary school buildings in the Philadelphia School District and had been referred to an in-school support program called “Tamaa”, an in-school support program focusing on mental health issues. The program is administered by one of the community mental health care providers located in the urban Philadelphia area.

The participants were referred to the program because of behavior difficulties upon entry into the school or at some point after entry into the school. Teachers of the children made the majority of the referrals to Tamaa, with only a few of the students referred by the parents or guardians.

Contents of Data File

The data file contained information collected on the 67 West African refugees from Liberia, Ghana, Ivory Coast, Nigeria and Sierra Leone who were referred to and participated in the “Tamaa” program. The database included information obtained by a

Tamaa program clinician using a clinical child assessment form completed during an intake interview with the child. This initial assessment interview recorded into the database included information related to the student's perception about school, teachers, peers, and academic work. The data file created from the clinical assessment forms did not include any information that would reveal the identity of the individual children whose information was used in this study.

Measures

The clinical child assessment form was developed by the mental health agency as an information gathering and screening tool for assessing prospective refugee students' eligibility for program services (Appendix A). There were 2 versions of the assessment forms used in the initial screening of subjects because of updates to the assessment. The version of the assessment form that was used to collect data depended upon the year in which the initial assessment occurred. Both forms included personal demographic information and general, information about the student's school, home, and community; interview responses about stressors related to academic and acculturation experiences and to war trauma; student concerns and strengths and resilience indicators. The later version of the form included items that addressed more specific symptoms and coping strategies.

Some items were scored 0, 1, or 2, and some were scored 0 and 1. The 0, 1, 2, score values were used in cases in which the 0, 1, 2, scoring represented a psychologically meaningful progression (e.g., not at all, sometimes, lots of times). Score values for other items using a 0, 1, 2 format were transformed into 0, 1 scores because two of the options represented a similar psychological state (e.g., the response "too hard" was scored as 2 because it was likely to be perceived as a circumstance probably

perceived as stressful; “too easy” and “just right” were scored as 0 because both were considered to be circumstances not likely to be perceived as stressful). Other items were scored 0 or 1, with 1 representing a positive outcome or condition and 0 representing a negative outcome or condition. Other items were open-ended and each child provided a response in his or her own words.

Data Analyses

The data from the clinical assessment forms included in the data file were subjected to statistical analyses to generate frequency distributions for responses to individual assessment form items. Item scores, for open-ended response items, were generated, based on the total number of specific instances provided by the child. For example, when asked “What do you like about school?” the number of specific things mentioned by the child was recorded on the assessment form. For the purposes of data analysis, the specific things mentioned were counted and the n-count was used as the item response. This type of transformation of open-ended responses to numeric sums was done to represent the following variables: School Likes, School Dislikes, School Subject Likes, School Subject Dislikes, Things Missed About Africa, Adults Present in the Home, Things Done in Free Time, Participation in Activities, and Things That Make You Proud.

In addition to individual item responses, several composite scores were generated, based on aggregations of specific item responses as follows:

Stressors Total: The sum of the responses to questions 28, 29, 30, 31, and 35.

War Trauma Total: The sum of the responses to questions 36, 37, 38, 39, 40, 41, 42, and 43.

Trauma Symptoms Total: The sum of items 44A through 44T.

Coping Mechanisms Total: The sum of the numeric values of the items representing the following variables: Things Done in Free Time, Participation in Activities, and Things That Make You Proud.

Data analysis techniques included frequency distribution percentages, cross-tabulation tables and Pearson product-moment correlations. Data analyses were conducted using the Statistical Package for the Social Sciences (SPSS) Version 16.0.

Chapter 3

Results

Archival data were analyzed for a total of 67 children referred to the Tamaa Program. These children were students in elementary schools in southwest Philadelphia, who had been accepted into the Tamaa Program after qualifying, based on the initial screening assessment that identified war related trauma and acculturation difficulties.

The demographic characteristics of the 67 children are presented in Table 1. Among the sample, ages ranged from 6 to 12 years. Males and females were represented in similar numbers; males numbered slightly higher (52% males; 48% females). A majority of the children had emigrated from Liberia (53.7%), with the remainder of the sample coming from a number of different countries in West Africa.

The current grade levels reported at the time of the initial assessment ranged from first grade through fifth grade with the majority placed either in 2nd (22.4%) or in 4th grade (38.8). The reported grade attainment prior to entering U.S. schools ranged from kindergarten to fifth grade; a majority reported only minimal education prior to immigrating into the U.S. (31.3% with Kindergarten only, 22.4% with first grade only). Table 1 also includes information about living arrangements at the time of the interview and the DSM IV diagnosis assigned to the child after the assessment process was completed.

Table 1

Age of Children in Sample

	<u>Frequency</u>	<u>Percent</u>
6	7	10.4
7	6	9.0
8	15	22.4
9	18	26.9
10	17	25.4
11	2	3.0
12	2	3.0

Gender of Children in Sample

	<u>Frequency</u>	<u>Percentage</u>
1	35	52.2
2	32	47.8

Current Grade Level of Children in Sample

First Grade	7	10.4
Second Grade	15	22.4
Third Grade	13	19.4
Fourth Grade	26	38.8
Fifth Grade	6	9.0

Grade Started at US School

Kindergarten	21	31.3
First Grade	15	22.4
Second Grade	10	14.9
Third Grade	11	16.4
Fourth Grade	8	11.9
Fifth Grade	2	3.0

Country of Origin

Liberia	36	53.7
Nigeria	2	3.0
Ghana	7	10.4
Guinea	6	9.0
Sierra Lone	2	3.0

United States	1	1.5
Senegal	1	1.5
Algeria	1	1.5
Ivory Coast	1	1.5

Samples with dual Country Citizenship

South Africa/Liberia	3	4.5
Ghana/Liberia	3	4.5
Sierra Lone/Liberia	1	1.5
Ivory Coast/Liberia	1	1.5

Sample who live with parents (%)

	Yes		No	
	Frequency	Percent	Frequency	Percent

Live with Mother	58	86.6	9	13.4
Live with Father	31	46.3	36	53.7
Live with Siblings	45	67.2	22	32.8

Who Cares for you?

Siblings	15	22.4
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Both Parents	18	26.9	
Mother	34	50.7	
Dad			3 4.5
Stepparents	3	4.5	
Grandparents	7	10.4	

Like Most about Home

	Frequency	Percent
Room	35	52.2
Friend	4	6.0
Entertainment	12	17.9
Nothing	1	1.5
Food	5	7.5

Problems with Home

Home	22	32.8
Clean	5	7.5
Nothing	33	49.3
People	4	6.0

Like Most about Family

Family Care	30	44.8
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Nothing	2	3.0
Friend	16	23.9
Family Joining	2	3.0
Travel	2	3.0
Siblings	1	1.5
Nice	6	9.0
Buy Stuff	10	14.9
Mom/Dad	5	7.5

Family Problems

Family Abroad	1	1.5
Sick Family	5	7.5
Deceased Family	3	4.5
Staying Alone	2	3.0
Mom Struggling	5	7.5

Other Problems

	Frequency	Percent
Family Members	3	4.3
Friends	2	2.9
Homework	1	1.4
Bully	4	5.8

Inadequacy	1	1.4
Bad health of family member	2	2.9

DSM-IV Diagnosis

	Frequency	Percent
309.9 Adjustment Disorder Unspecified	16	23.2
300.00 Anxiety	1	1.4
309.00 Adjustment Disorder with Depressed Mood	3	4.3
309.24 Adjustment Disorder with Anxiety	10	14.5
309.28 Adjustment Disorder with mixed Anxiety and Depressed Mood	10	14.5
311.00 Depressive Disorder NOS	2	2.9
V62.4 Acculturation Problem	5	7.2
313.9 Disorder of Infancy, Childhood, Adolescence NOS	2	2.9

Research question 1 What do refugee children referred for counseling due to school problems report about academic/aculturative stressors during initial clinical interviews?

The first research question attempted to determine the academic and acculturative stressors reported by the children. This research question was addressed using questions 28, 29, 30, 31, and 35 of the assessment form. The circumstances believed to be sources of stress as expressed in these questions included: school work that is too difficult; lack of friends, getting into arguments with classmates; getting into fights with classmates; perceiving a lack of teacher caring. The sum of the scores from these items represented the Stressors Total score. Table 2 shows the frequency distribution of the Stressors Total score for the sample.

Table 2

Frequency Distribution of Stressor Total Scores for Children in the Sample (n=67)

	Frequency	Percent
1	4	6.0
2	9	13.4
3	16	23.9
4	17	25.4
5	12	17.9
6	4	6.0
7	4	6.0
8	1	1.5

As indicated above, the highest stressor score reported by one child was eight and the lowest score was one, with the majority of the children earning scores between two and five. These scores indicate that the self-reports of all but four of the children in the sample endorsed at least one circumstance in the school setting likely to be perceived as stressful.

A summary of the response frequencies for the five stressor questions is shown in Table 3. The potential stressors most frequently endorsed by children were getting into arguments with other children (43.3%) and schoolwork that is too difficult (24.9).

Table 3

Potentially Stressful Circumstances Endorsed by Children in the Sample (n = 67)

Sources of Stress	Frequency	Percent	Frequency	Percent	Frequency	Percent
In this school, do you feel that the schoolwork is	Too Hard		Too Easy		Just Right	
	16	24.9	19	28.5	32	46.6
In this school, do you have	A lot of Friends		A few Friends		No Friends	
	24	35.8	38	56.7	5	7.5
	Lots of Times		Sometimes		Not at ALL	

In school, how often do you get into arguments that involve yelling or shouting with other children	29	43.3	29	43.3	9	13.4
In school, how often do you get into fights that involve hitting, punching or kicking with other children	6	9.0	30	44.8	31	46.2
<hr/>						
	Very Much		Some		Not at All	
In school, how much do you feel that your teachers care about you	44	65.7	14	20.9	9	13.4
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Research Question 2: What do refugee children referred for counseling due to school problems report about exposure to war-related trauma conditions?

Research question 2 examined what the children reported about the exposure to war-related trauma conditions. This research question was addressed using questions 36 through 43 of the assessment form. The content of the eight questions is shown in Table 5. The sum of the numeric scores from these eight items represented the War Trauma Total score. Table 4 shows the frequency distribution of the War Trauma Total score for the sample.

Table 4

Frequency Distribution of War Trauma Total Scores for Children in the Sample (n = 67)

War Trauma Score	Frequency	Percent
3	2	3.0
4	11	16.4
5	2	3.0
6	5	7.5
7	10	14.9
8	12	17.9
9	12	17.9
10	6	9.0
11	2	3.0
12	3	4.5
14	2	3.0

As shown in Table 4, the range of scores reported by the subjects varied from 3 to 14, indicating that all of the children endorsed at least two statements that reflected the experiencing of circumstances likely to stem from war trauma. Table 5 lists the eight statements that composed the War Trauma Total score and the frequency of endorsement by children in the sample.

Table 5

Frequency of Endorsement of War Trauma Statements (n=67)

	Frequency	Percent	Frequency	Percent	Frequency	Percent
War Trauma	Yes		No		Don't Know	
Statements	Frequency	Percent	Frequency	Percent	Frequency	Percent
There was a war going on in Africa when I lived there	39	58.2	15	22.3	13	19.4
I moved to America (the U.S.) because of a war in Africa	35	52.2	13	19.4	19	28.3
Someone I know was hurt or killed in a war in Africa	26	38.8	21	31.3	20	29.8
I lived in a refugee camp in Africa	20	29.9	33	49.2	14	20.8
When I lived in Africa, I had to be separated from close family members because of a war	22	32.8	30	44.7	14	20.9
	Lots of Times		Sometimes		Never	
I think about Africa	28	41.8	26	38.8	13	19.4
I feel worried or upset about a war that happened when I lived	20	29.8	30	44.8	17	25.4

in Africa

I feel worried or upset about things that are happening in Africa now	25	37.3	26	38.8	16	23.9
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For the items involving “yes,” “no,” and “don’t know” responses, about half of the children indicated that there was a war going on while they were living in Africa and about half indicated that they moved to the U.S. because of war. More than a third of the children indicated that they knew someone who was hurt or killed in the war; a third indicated that they had to be separated from family members because of the war, and nearly a third indicated that they lived in a refugee camp. More than a third of the children indicated that they are worried about what is happening in Africa now, and almost a third indicated that they feel worried or upset about what happened to them in Africa.

Research Question 3: What do refugee children referred for counseling due to school problems report about the experiencing of mental and physical symptoms likely to be associated with their exposure to war and their refugee status?

Research question 3 dealt with the mental and physical symptoms associated with exposure to war. This research question was addressed using questions 44A through 44T of the assessment form. The content of these questions is shown in Table 7. The sum of the numeric scores from these twenty items represented the Trauma Symptoms Total score. Table 6 shows the frequency distribution of the Trauma Symptoms Total score for the children in the sample. All of the children in the sample reported that they experienced symptoms likely to be linked to war trauma. The range of numbers of

symptoms reported varied from a low of 3 to a high of 14. Fifty-six percent of the children reported between 7 and 10 trauma symptoms.

Table 6

Frequency Distribution of Trauma Symptoms Total Scores for Children in the Sample
(n=50)

Trauma Symptom Score	Frequency	Percent
3	1	2.0
4	8	16.0
5	4	8.0
6	3	6.0
7	5	10.0
8	10	20.0
9	5	10.0
10	8	16.0
11	2	4.0
12	1	2.0
13	1	2.0
14	2	4.0

Table 7 lists the trauma symptoms that composed the Trauma Symptoms Total score and the frequency of endorsement by children in the sample. As shown in Table 7, fifteen of the twenty symptoms were endorsed by forty percent or more of the children in the sample. Five of the symptoms were endorsed by sixty percent or more of the children in the sample.

Table 7

Trauma Symptoms Endorsement by Children in the Sample (N=50)

Trauma Symptom	Yes		No	
	Frequency	Percent	Frequency	Percent
Problem with sleeping (sleeping too much or too little)	22	44.0	28	56.0
Nightmares	21	42.0	29	58.0
Eating too much or too little	35	70.0	15	30.0
Feeling angry a lot	21	42.0	29	58.0
Getting into trouble at home	20	40.0	30	60.0
Feeling sad	32	64.0	18	36.0
Feeling worried about your safety or the safety of other people	39	78.0	11	22.0
Trouble paying attention at school	21	42.0	29	58.0
Talking or thinking about the war a lot	16	32.0	34	68.0
Feeling like bad things that	21	42.0	29	58.0

happen are your fault

Wanting to spend a lot of time alone	19	38.0	31	62.0
Problem with schoolwork	24	48.0	26	52.0
Feeling unhappy	27	40.3	23	34.3
Feeling afraid about school	22	54.0	28	46.0
Problem with stealing	8	16.0	42	84.0
Hearing voice that aren't there	24	48.0	26	52.0
Seeing things that aren't there	15	30.0	34	70.0
Having headaches	38	76.0	12	24.0
Having stomachaches	31	62.0	19	38.0
Other aches and pains	17	34.0	33	66.0

Research Question 4: What do refugee children referred for counseling due to school problems say they miss about their home in Africa?

Research question 4 explored what children reported that they missed about Africa. This research question was addressed by a single open-ended assessment form item. The total number of things stated by the child composed the Things Missed About Africa Total score. As shown in table 8, thirteen percent of the children in the sample indicated that they did not miss anything about Africa. The remaining 87 percent of the children indicated between 1 and 4 different things that they missed about Africa. The most frequently missed things actually involved relationships; 43 percent of the sample

mentioned missing friends and 31.9 percent of the sample mentioned missing extended family.

Table 8

Frequency Distribution of Number of Things Missed About Africa (n=67)

Things Missed	Frequency	Percent
0	9	13.4
1	32	47.8
2	18	26.9
3	7	10.4
4	1	1.5

Things Missed about Africa

Language	3	4.3
Social	19	27.5
Siblings	7	10.1
Friends	30	43.5
Don't Know	4	5.8
Mom and Dad	6	8.7
School	2	2.9
Extended Family	22	31.9

Research Question 5: What do refugee children referred for counseling due to school problems say about adjustment to school in the United States?

Research question 5 attempted to shed light on the school adjustment of the children in the sample. This research question was addressed by two open-ended assessment form items. The total number of things the child stated that they liked about school composed the School Likes Total score and the total number of things the child stated they did not like about school composed the School Dislikes Total score. Table 9 shows the frequency both of School Likes Total and of School Dislikes Total scores as well as the specific things that children stated that they liked about school and the specific things that they did not like about school. Ninety percent of the children were able to state at least one thing that they liked about school and seventy-three percent stated at least one thing that they did not like about school. The most frequently mentioned likes were teachers (35.8%), friends (20.9%), sports (20.9%), and academic subjects (17.9%). The most frequently mentioned dislikes were social adjustment (29.1%) and other children (20.9%).

Table 9

Total of Reported Likes by Respondents

	Frequency	Percent
0 (Nothing)	7	10.4
1	44	65.7
2	14	20.9
3	2	3.0

Total Number of Reported Dislikes by Respondents

0 (Nothing)	18	26.9
1	47	70.1
2	2	3.0

School Likes

Teacher	24	35.8
Academic	12	17.9
Sport	14	20.9
Friends	14	20.9
Arts	2	3.0
Technology	4	6.0
School	5	7.5

Lunch	3	4.5
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School Dislikes

Kids	14	20.9
Social Adjustment	20	29.1
Food	7	10.4
Trouble	2	3.0
Hard work	2	3.0
Teacher	6	9.0

Research Question 6: What do refugee children referred for counseling due to school problems say about their ability to cope with their problems?

Research question 6 attempted to provide insights on what subjects do to cope with their problems. This research question was addressed by the responses to three open-ended assessment form items: Things Done in Free Time, Participation in Activities, and Things That Make You Feel Better. Responses to these items were converted into numeric values. The values from the three items were summed to obtain the Coping Mechanisms Total score for each child. Table 10 shows the frequency distribution of Coping Mechanism scores for the children in the sample that were assessed using the modified assessment form. As shown in Table 10, all of the children in the sample were able to list one or more circumstances or activities that could be considered mechanisms that would help them to cope with stress.

Table 10

Frequency Distribution of Coping Mechanisms Total Scores for the
Children in the Sample (n = 50)

Coping Mechanisms Score	Frequency	Percent
1	1	2.0
2	5	10.0
3	17	34.0
4	15	30.0
5	6	12.0
6	4	8.0
7	2	4.0

Table 11 lists the frequency of occurrence of each of the responses to each of the coping mechanism questions. As shown in Table 11, the most frequently reported activity outside of school was going to church or a mosque (88.4%); playing was reported most often as the thing done to feel better (34%) and schoolwork was mentioned most frequently (42%) as the activity that made them feel proud.

Table 11

Participation in Activities Outside of School (n=67)

	Yes		No	
	Frequency	Percent	Frequency	Percent
Sports Team	15	21.7	52	75.4
Dance Group	7	10.1	60	87.0
Music Group	11	15.9	56	81.2
Going to Church/ Mosque	61	88.4	6	8.7
Going to an After/ School Program	21	30.4	46	66.7
Boys/Girls Group	16	23.2	51	73.9

Things Done in Free Time (N=67)

Draw	5	7.2
Television	7	10.1
Sports	30	43.5
Games	10	14.5
Visit Family	5	7.2
Visit Friend	5	7.2

Things that Make You Feel Better (N=50)

Playing	17	34.0
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Sleeping	4	8.0
Not Talking	2	4.0
Time to Self	10	20.0
Punch Self	1	2.0
Eating	6	12.0
Talk to someone	7	14.0

Things That Make You Feel Proud of Yourself (N=50)

	Frequency	Percent
Schoolwork	21	42.0
Recognized when I do well	7	14.0
Sports	7	14.0
Family	5	10.0
Family buy me things	2	4.0
Not giving up	1	2.0
Help someone	6	12.0

Research Question 7: Does the self-reporting of problems with school and personal adjustment provided by refugee children referred for counseling due to school problems vary, depending on the reported level of exposure to war-related trauma conditions?

Research question 7 examined the pattern of relationships among variables that represented personal and school adjustment (School Likes, Subject Likes, School Dislikes, Subject Dislikes, Adult Presence in the Home), war trauma conditions (War

Trauma Total score, Trauma Symptoms Total score), potential stressors in the school environment (Stressors Total score), and potential coping mechanisms (Coping Mechanisms Total score). As shown in table 12, significant correlations were found between only a few of the variables indicating war trauma and potential stressors. Child self-reports of experiences in Africa related to war conditions (War Trauma Total score) was very highly correlated (.97, $p > .000$) with the number of trauma symptoms reported by the child (Trauma Symptoms Total score). Child self-reports of potential stressors in the school environment were correlated at a very low level with child self-reports of war experiences in Africa (Stressors Total score correlated .24 with War Trauma Total score) and child self-reports of trauma symptoms (Stressors Total score correlated .29 with Trauma Symptoms Total score).

Table 12

Correlations Among Variables Indicating Personal and School Adjustment, War Trauma Conditions, Potential Stressors and Coping Mechanisms based on Interview Responses Provided by the Children

Correlation Total Scale Scores Recorded by Children

	1	2	3	4	5	6	7	8	9
1. Like Total	---	.30	.54	-.95	.83	.13	.14	.24	.97
n		67	50	67	67	67	67	67	67
2. Dislike Total	---	---	.13	-.26	.78	.17	.69	.13	.20
n			67	67	67	67	67	67	67

3. Cope Total	---	---	---	.22	-11	.08	-.66	-.93	.26
n				50	50	50	50	50	50
4. Subject Like Total	---	---	---	---	-.17	.99	.30	.14	-.87
n					67	67	67	67	67
5. Subject Dislike Total	---	---	---	---	---	-.19	-.14	-.23	.84
n						67	67	67	67
6. Stress Total	---	----	---	---	---	---	.24*	.29*	.05
n							67	67	67
7. Trauma Total	---	---	---	---	---	---	---	.97**	.39
n								67	67
8. Symptom Total	---	---	---	---	---	---	---	---	-.10
n									50
9. Adult Presence	---	---	---	---	---	---	---	---	---

Note. * $p < .05$

Chapter 4

Discussion

The purpose of this study was to gather relevant knowledge of, and insight into the condition of refugee children exposed directly or indirectly to war conditions in West Africa. The present study examined what refugee students reported in regard to academic and acculturative stressors, war-related trauma, mental and physical trauma symptoms, what they missed about Africa, their perceptions of school adjustment, and the coping mechanisms they employ. In addition, the relationships among these variables were examined. Summary of Findings

The first research question examined the frequency of child self-reports of academic and acculturative conditions indicating the existence of potential stressors. Analysis of academic stressor data showed that all but 4 of the children indicated the presence of at least one potential stressor in the school environment. The most frequently mentioned potential sources of stress were arguments with other children (43%) and the difficulty level of schoolwork (24.9%). It is interesting to note that despite the existence of actual school-related problems that were the main reason for the initial referrals of these children to the Tamaa program, a majority of the children indicated that they believed that their teachers cared about them. Based on the literature about educational adjustment problems of refugee children that was reviewed for this study, it was anticipated that a majority of subjects would have had negative perceptions about their teachers given the language barriers; the academic demands in the classroom and the mistrust that is often prevalent in this population. Rather, many of the children stated that their teachers cared about them (66% “very much” and 20.9% “some”), and many

(35.8%) also indicated that their teachers were one of the things that they liked most about school.

It was anticipated that a large number of children would perceive their academic work as being too difficult given that the majority of them came from very poor countries that are known to offer substandard education compared to the education offered in the United States. Surprisingly, only one-quarter of the sample (24.9%) indicated that their schoolwork was too difficult for them. Inferring that the other 75% of the sample reporting that school work is not too difficult or too easy are actually experiencing academic success is not warranted given the fact that there was lack of collateral information provided by teachers or parents to corroborate what the children reported. Given the ages of the children in the sample and the tendency for poor self assessment and self reflection of children of this age group, it is likely that the true nature of academic problems experienced by these students was not captured in the children's statements about schoolwork difficulty. Taken together however, self-reports that school work is not difficult and that their teachers care for them suggest that a majority of these children perceive school to be a positive place where their educational needs are being addressed in a manner not likely to exacerbate their war related trauma symptoms. More stressful to these children are their relationships with other children. Although school is perceived as positive, getting along with others in the school setting is more difficult for a larger proportion of these children.

The second question examined children's exposure to war-related conditions in Africa as endorsed on the clinical assessment form. All of the children reported at least some exposure to war trauma conditions in Africa. A majority indicated awareness of a

war going on in their country (58.2%); 52.2% indicated that they moved to the U.S. because of war; 38.8% knew someone that was hurt or killed in war; 29.9% recalled living in a refugee camp; 32.8% were separated from family members because of war; and 37.3 indicated being worried about war conditions. These percentages are likely to be low estimates given that 20% or more of the children responded that they were not sure whether these things occurred while they were in Africa. These findings are consistent with what is known to be true about the African continent and the prevalence of conflicts in the western region. What is surprising about the self-reports is that with the high endorsement to the question "there was war going on in Africa when I lived there" one would expect a higher reporting of displacement by these children. The literature reviewed for this study indicates that displacement of families is great in time of war.

The third question examined the mental and physical symptoms associated with exposure to war. All of the children reported two or more symptoms that could be linked to war conditions. A majority (68%) reported experiencing seven or more of the symptoms on the assessment form. Fifteen of the twenty symptoms were endorsed by 40% or more of the children and 5 of the symptoms were endorsed by 60% or more of the children. The number of symptoms reported by the children is consistent with the literature reporting the widespread experiencing of trauma symptoms by children displaced by war. When taken together with the other statements provided by the children, the trauma symptoms appear to be related more to the conditions experienced in Africa than to potentially stressful conditions in their current school setting.

The fourth question examined what subjects said they missed about Africa. A large majority of the children (87%) mentioned at least one thing they missed about Africa,

Personal relations (missing friends 43%; missing relatives 31%) were mentioned most frequently. It is interesting to note that very few children (2.9%) stated that they missed school.

The fifth question examined the children's self-perceptions about adjustment to school in the United States. When asked what they liked about school, a large majority of the children (90%) provided one or more responses. Many children mentioned that they liked their teachers (35.8%). Other most frequently mentioned likes included friends (20.9%), sports (20.9%), and academic subjects (17.9%). When asked about what they disliked about school, a majority of the children offered at least one response. The frequent dislikes voiced by children were centered on personal interactions with other children rather than specifics about education. The most frequently stated dislikes were difficulties with social adjustment (27.1%) and difficulties with other children (20.9%).

The sixth question examined potential coping mechanisms available to the children. Coping Mechanisms were identified using reports about three separate questions that asked about activities outside of school, what the child does to feel better, and what makes the child feel proud. All of the children in the sample were able to state at least one activity or circumstance that could be viewed as a potential coping mechanism that could help with handling stressful situations. A large majority of the children indicated that they attended church or a mosque. Many children mentioned playing as an activity that made them feel better (34%) and many children stated that accomplishments in school made them feel proud (42%).

The fact that 43% of the children stated that doing well in school made them feel proud attests to the importance of education in the adjustment process of these children. It

is interesting to note that all of the coping mechanisms mentioned by the children were positive except for one response that embraced a negative coping tool. Children's responses gravitated toward coping mechanisms that the literature on refugee children has identified as having a positive impact on successful adjustment and coping of refugee children in time of war and upon relocating to new countries (Kia-Keating & Ellis 2007; Bate et al 2005).

The final question examined the relationships among children's responses to questions about school and personal adjustment and their statements about stressors, war trauma, trauma symptoms, and coping mechanisms. The findings showed non-significant correlations among all these factors with the exception of an extremely strong association between self-reports of experiences in Africa related to war conditions and the number of trauma symptoms reported by the child ($r = .97$), and very weak associations between child self-reports of potential stressors in the school environment and child self-reports of war experiences in Africa ($r = .24$) and child self-reports of trauma symptoms ($r = .29$). It was anticipated that number of school likes, degree of adult presence and number of coping mechanisms identified would be highly intercorrelated and number of stressors, number of war trauma experiences, number of trauma symptoms, and number of school dislikes would be highly intercorrelated. In addition, it was anticipated that the positive indicators of school and personal adjustment would correlate negatively or at a very low positive level with stressors and war trauma experiences and symptoms.

A plausible explanation for the lack of strong intercorrelation between most of the related variables could be that children attempted to minimize their adjustment problems thereby underreporting their problems during the initial interviews. In addition,

the small sample size could undercut the possibility of finding any interactions among analyzed variables. The pattern of questioning and the restricted response options built into some of the questions of the assessment form could have restricted different response options and thereby prevented children from answering questions in other ways.

Limitations

A number of factors limit the generalizability of this study's findings, including:

1. The sample was small in size.
2. The sample was drawn only from three Philadelphia inner city schools.
3. The sample included only children from countries in the northwest region of Africa.
4. All the collected data involved self-reports of children ages 6-12. No data were available that offered parent or teacher perceptions of the children's adjustment. In addition, no information from school records was available to offer information about academic performance or specifics about social and emotional adjustment. Although the self-report perspective of the child is a valid one for study, it is a relatively narrow perspective that greatly limits the conclusions that can be drawn from the study.
5. The manner in which the data were collected and the specific questions that were used during the interviews greatly limited the operational definition of school and personal adjustment. Child self-reports of school likes was the sole criteria for reflecting positive school adjustment and number of adults present in the home was the only positive indicator of personal adjustment outside the school.

6. The intake interview assessment process greatly constrained the type of information gathered from the children. The trauma symptoms were self-reported as “yes-no” responses as to the presence of a list of symptoms provided by the interviewer. The questionnaire did not capture data on the frequency, duration, or severity of the symptoms thereby making it difficult to judge the impact of the reported symptoms on functioning. Information about coping mechanisms was obtained using an open-ended question format. This format may have limited the amount of production in that some children might not have been able to effectively articulate responses, thereby under-reporting the actual number of coping mechanisms they employ. Additionally, strength of coping was operationally defined as the total number of coping mechanisms or circumstances reported. Such a summing procedure does not allow for variations in effectiveness of specific coping mechanisms. A child reporting only one coping mechanism might be extremely effective in using that single mechanism whereas a child reporting several mechanisms might not be very effective in using any of the reported mechanisms in efforts to cope with war trauma-related stress.

Recommendations for Future Research

The present study utilized archival data to gain insights into refugee children's self-perceptions about trauma, adjustment issues, and mechanisms available to help cope with stress. Refugee children identified as having school-related problems were referred by their teachers, counselors or parents to the Tamaa program to help the children with adjustment issues. The children were interviewed by a program worker in order to make a determination regarding eligibility for participation in a school-based counseling program. Collection of additional information from the teachers, counselors, and parents/caregivers and from school records in addition to student's self-reports would help to filter out and balance information across different sources.

Future studies should gather information from these additional sources. In addition, efforts should be made to use uniform standardized measurements to gather information from the students, teachers, parents and others. Information gathered should include classroom test scores or grades and the scores from any standardized test given to the students. This information could be compared to information received from other sources in order to provide a better picture on students' academic progress.

An expansion of the sample to include middle and high school students could provide a broader perspective on adjustment issues, and foster in-depth understanding of the effects of exposure to war-related conditions across a broader age range.

Future studies could identify groups of refugee children and monitor their progress over time to gain a greater understanding of the long-term effects of war trauma on school and personal adjustment. In addition, using pre and post test measures not

only could provide a baseline but also help to highlight the effects of any prescribed interventions.

Implications for Practitioners

As mentioned above, the reasons behind this study were to explore what refugee children reported as their experiences in the school and community. From the findings of this study, it is clear that the refugee children in the sample reported having experienced many trauma-producing war-related conditions. They are currently experiencing school adjustment problems involving social difficulties with peers that are potential stressors that could exacerbate trauma difficulties. The children all reported psychological and physical symptoms likely to be related in some way to their war trauma experiences.

School is often the first social point of contact with individuals from the new culture for refugee children. These circumstances place a large burden on the schools to provide a positive acculturative experience for these children. Despite the enormous needs for schools to be actively involved in the acculturation process of these children, school administrative operating procedures often act as barriers that interfere with the children's effective transition to their new setting. These administrative procedures act as constraints that prevent schools from taking the proactive stance necessary to identify the needs of the children early on in the process and to involve them in activities that could help their transition. Many of the children registered in the schools for the first time do so without prior school records. Even when they come to the schools with records, the information they bring with them tends to lack detailed information about the child's educational background. Some of the children coming to school to register for the first time are not accompanied by their parents. Some of the parents are displaced. Some

parents have limited knowledge about the process of enrolling children in school. Either way, the children are alone, possibly afraid, and unaware of what may or may not be appropriate in their new school communities.

Also contributing to the confusing feelings experienced by refugee children are the reactions of their new schools toward them. School staff try to avoid being perceived as taking an adversarial role by asking a lot of questions about a child's background, even when asking such questions may ultimately prove to be helpful to these new students. School staff also may be fearful of seeming to be insensitive to the needs and diverse cultures of the children they are obligated to teach. Their business is teaching and educating the children, and schools are hesitant to foray into what appear to be mental health and/or social adjustment issues with origins outside of the classroom. Therefore, school staff tend to avoid asking personal questions that may be perceived as intrusions of privacy despite the fact that such questions might be necessary in order to identify children who come from war-torn countries. While a policy that upholds the personal privacy of families appears to be a sensible one given the educational and local laws that govern public education, such a policy precludes the comprehensive approach required to gather detailed information from refugee children when they arrive at schools for the first time. This privacy policy also leaves school staff unaware of the new students' history and potential need for resources. Teachers expect that they are receiving typically behaving students into their classrooms and have little, if any, time to prepare for the potential difficulties that these students are likely to have academically, socially, emotionally, and behaviorally.

On other hand, even when schools have detailed demographic information about the refugee student enrollees, school staff may be resistant to the idea of taking a proactive stance with these children because the school environment and service delivery systems are not set up to deal with problems proactively. Given the current special education laws and procedures and the limited funding for mental health in the schools, there is little incentive for schools to act in a proactive manner when it comes to dealing with problems associated with refugee children who enter the community. Acting proactively may mean that limited resources available for schools would be diverted to children who have not been identified and classified as special education students. Current laws allow schools to receive funding when a student is classified and provided with special education services, but often do not fund intervention programs for students who have not been identified as eligible for special education services.

Funding problems may not be the only issue that causes schools to resist a more proactive approach. They may also lack personnel who are trained and/or have the skill set to deal with refugee students who are likely to exhibit trauma-related symptoms. Additionally, schools often are more likely to oppose or water down any service delivery efforts that lack a legal mandate.

According to the related literature, parents of refugee children demonstrate a lack of knowledge and understanding regarding the cultural expectations related to education, a fact that can create mistrust between school and home. The lack of understanding by these parents or caregivers has led to issues of cultural mistrust and limited accessing of resources within the community. The parents of refugee students who are not trusting of the school view with suspicion any recommendations from the school staff. As a result,

schools have a hard time getting parents to come to meetings, and/or signing papers that give permission for their children to be evaluated by the school's Child Study Team. This also creates roadblocks that may derail the collaboration necessary to tackle school-related problems.

Adding to the difficulties is the fact that many members of refugee populations view mental illness as stigmatizing. Even when a child clearly shows evidence of mental health difficulties, some parents may choose to ignore the observable symptoms because of the perceived negative stigma.

Despite the mentioned challenges and obstacles, schools still serve as a point of social contact for the refugee children. Approaches to address identified problems are most likely to succeed if they address the problems at the local school, school-by-school level rather than a district-wide level due to the likelihood of refugee problems being more localized than centralized. Also, change is easier when working directly with smaller groups or communities than when working with larger groups or communities.

A robust approach appears required in order to address the problems faced by refugee children in our schools. This robust approach must include a mechanism whereby the children are identified early on. This can be achieved by schools developing a short demographic template that asks questions about the origins of the students and whether they had direct or indirect knowledge of any wars or traumatic events. This template would be part of the forms required to be completed when a refugee child comes to school to register, especially when they arrive without any tangible records. School personnel in the various offices need to be trained to recognize the countries in conflict and students who may come from those regions since they are the first point of contact

when students come to register. Once a student is identified as coming from this region using the template or a semi-structured interview, additional intake needs to occur with a school counselor or other qualified staff member to gather additional information regarding any war trauma-related symptoms.

Schools with high numbers of refugee students need to designate personnel to reach out to refugee families within their school communities. Professionals such as school counselors, school social workers, and school psychologists can be provided with professional development to provide them with the information needed to address war-trauma related symptoms and other issues with these students. The designated personnel would be involved in the identification process and throughout intervention efforts. Knowing that the parents of refugee children have a tendency to resist mental health services in the community, and have limited access to available resources, school-based approaches may work out better for them. This can be an important way that refugee students receive trauma-focused therapy within the school by trained staff while at the same time developing their academic skills.

A school-wide cultural awareness program also would be a way to educate refugee children and their parents about the new culture. This would have the added advantage of also educating the American children and their families about the culture of the refugee students. This program could be integrated into the fabric of the local school, especially if the schools designate one day per month for cultural awareness training; this would include a type of festival whereby parents and students are invited to participate. Families may bring dishes (pot luck) if they chose to do so and share with others after training activities. To increase family participation, schools may add raffle tickets to be

drawn after the training. Families would have an opportunity to win different prizes if their tickets are chosen. This approach brings people together outside of school hours and is likely to reduce the mistrust and cultural barriers that often exist between home and school.

In addition to cultural awareness programs, schools should provide in-service training for their staff about the life and historical challenges of refugee students and the current problems they may have and/or display within the school environment. This training would help to equip teachers to make appropriate referrals based on true deficits and minimize misunderstandings due to cultural differences. Professional development for teachers that includes awareness of refugee children will increase the personal attentiveness and sensitivity that may be required to deal with their students effectively in both the academic and social domains.

As mentioned above, the premise of this study was to gain an understanding of what refugee children are reporting as their experiences in adjusting to the school and community. Based on the answers endorsed by the children, it was clear that the children were experiencing peer related difficulties in the schools. The refugee children indicated a preference to play with children from their culture than children outside their culture. Schools can play an integral role in addressing and solving peer-related problems through peer-to-peer mediation. Peer-to-peer mediation programs should be supervised by staff members that have knowledge of both cultures as well as the skill set to mediate problems for the age group.

References

- Alzaroo, S., & Hunt, G.L. (2003). Education in the context of conflict and instability: The Palestinian case. Blackwell Publishing LTD.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*. Washington, D. C.: Author.
- Andemariam, E.M. (2007). The challenges and opportunities faced by skilled African immigrants in the U.S. job market: A personal perspective. *Journal of Immigrants and Refugee Studies*, 5: 111-116.
- Bates, L., Baired, D., Johnson, J., Lee, R. E.; Luster, T., and Rehagen, C. (2005). Sudanese refugee youth in foster care: The “lost boys “ in America. *Child Welfare LXXXIV*: 631-648.
- Berry, J.W. (1974). Psychological aspects of cultural pluralism. *Topic in Culture Learning*, 2: 17-22.
- Branyon, J.B. (2005). Education for all: Gender equity in Kenya. *The Delta Kappa Gamma Bulletin*, 8-11.
- Brown, J, Miller, J. Mitchell, J (2006). Interrupted schooling and the acquisition of literacy: Experiences of Sudanese refugees in Victorian secondary schools. *Australian Journal of Language and Literacy*, 29: 150-162
- Copping, V.E., Warling, D.L., Benner, D.G. & Woodside, D.W. (2001). A child trauma treatment pilot study. *Journal of Child and Family Studies* 10: 467-475.

- Davis, R.C., & Davis, H. (2006). PTSD symptom changes in refugees. *Torture*, 16: 10-19.
- Driver, C. & Beltran (1998). Impact of refugees trauma on children's occupational role in as students. *Australian Occupational Therapy Journal* 45:23-38.
- Dyal, J.A., & Dyal, R.Y. (1981). Acculturation, stress and coping. *International Journal of Inter-cultural Relations*, 5: 301-328.
- Fox, S.H. & Tang, S.S. (2000). The Sierra Leonean refugee experience: Traumatic events and psychiatric sequelae. *The Journal of Nervous and Mental Disease*, 188:490-495.
- Hek, R. (2005). The role of education in the settlement of young refugees in the UK: The experiences of the young refugees. *Practice*, 17: 157-171.
- Herman, J., (1992). *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror*. New York: Basic Book.
- Jacobs, N., Harvey, D. (2005). Do parents make a difference to children's academic achievement? Differences between parents of higher and lower achieving students. *Educational Studies*, 31: 431-448.
- Kamaya, H.A. (2001). African immigrants in the United States: The challenge for research and practice. *Social Work*, 42:154-165.
- Kia-Keating, M. & Ellis, B.H (2007). Belonging and connection to school in resettlement: Young refugees, school, belonging, and psychological adjustment. *Clinical Child Psychological and Psychiatry* Copyright@ Sage Publications, 12: 29-43.

- Kirk, D., & Huyck, E. (1954). Overseas migration from Europe since world war II. *American Sociological Review*, 19: 447-456.
- Kuo, W. (1971). Theories of migration and mental health: An empirical testing on Chinese Americans. *Social Science and Medicine*, 10: 297-306.
- Lai, B. (2007). The effect of civil wars on education. *Journal of Peace Research*, 44: 277-292.
- Macksound, M.S. & Aber, J.L. (1996). The war experience and psychological development of children of Lebanon. *Child Development* 67: 70-88.
- McDonald, S. (2000). Trauma and second language learning. *Canadian Modern Language Review* 56: 4.
- Mollica, R.F., Fawzi, M.C., Pham, T., Lin, L., Nguyen, T.V., Ngo, D., & Murphy, E. (1993). The validity of posttraumatic stress disorder among Vietnamese refugees. *Journal of Traumatic Stress*, 10: 101-108
- Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P. & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European Child & Adolescent Psychiatry* 9:84-90
- Passel, J.S, & Fix, M. (2001). U.S. immigration at the beginning of the 20th century. Urban Institution, Washington, DC.*
- Perez, L. (2001). Growing up in Cuban Miami: immigration, the enclave, and new generations. In R.G. Rumbaut & A. Portes (Eds), Ethnicities: Children of immigrants in America (pp. 91-125). Berkeley: University of California Press.*

- Portes, A. & Zhou, M. (1993). The new generation: Segmented assimilation and its variants. *Annals of the American Academy of Political and Social Science* 530: 74-96
- Pryor, C.B. (1992). Integrating immigrants into American schools. *Social Work in Education*, 14: 153-159.
- Roderick, M. (1995). *Grade retention and school dropout: Policy debate and research questions. Phi Delta Kappa Center for Evaluation, Development, and Research. PDK International--Research Bulletin No. 15. Retrieved May 2, 2005, from <http://www.pdkintl.org/edres/resbul15.htm>*
- Rodriguez, J.C. (1995). Southeast Asians' conceptions of disabilities and special education intervention in American schools. Education of individual with disabilities. Research project. Office of Special Education and Rehabilitative Services (ED), Washington, DC.
- Roy, A. (2004). Relationship of childhood of trauma to age of first suicide attempt and number of attempts in substance dependent patients. *Acta Psychiatrica Scandinavica* 109: 121-125,
- Spasojevic, J., Heffer, R.W., & Snyder, D.K. (200). Effects of posttraumatic stress and acculturation on marital functioning in Bosnian refugee couples. *Journal of Traumatic Stress*, 13: 205-217.
- Stead, J., Closs, & Arshad, R. (1999). Refugee pupils in Scottish schools. Scottish Council for Research in Education.
- Skonhoft, CG (2000). Why should send my child to school? *Norsk Geogr, Tidsskr*, 54:116-121.

Trickett, E.J., & Birman, D. (2005). Acculturation, school context, and school outcomes: Adaptation of refugee adolescents from the former Soviet Union. *Psychology in the School*, 42: 27-38.

United Nation High Commissioner for Refugees. (1996). Convention and protocol: Relating to the status. Retrieved August 5, 2005, from <http://www.unchr.org>

United Nation High Commissioner for Refugees. (2000). The UNHCR global report 1999. New York: Oxford University Press

U.S. Department of Justice (1993). 1992 statistical yearbook of the immigration and Nationalization Service, Washington, DC.

Waters, M.C., & Eschbach, K. (1995). Immigration and ethnic and racial inequality in the United States. Annual Review Sociology, 21: 419-446.

Waters, T. & LeBlance, K. (2005). Refugees and education: Mass public schooling with a Nation-State. *Comparative Education Review*, 49: 129-147.

Watt, D. & Roessingh, H. (1994). ESL dropout: the myth of educational equality. *Alberta Journal of Educational Research*, 3: 283-296.

Wilkinson, L. (2002). Factor influencing the academic success of refugee youth in Canada. *Journal of Youth Studies*, 5: 173-193

Women's Commissioner for Women and Children (2002). Global survey education in emergency. United Nations.

Zehr, M.A., (2001). Out of Africa. *Education Week*, 20: 1-7.